MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED 07-64

0023440

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3373

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

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3798

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF — SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY JACKSON			a. STATE MISSOURI	b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY	Length of stay in 1b 40 YEARS		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5637 PROSPECT	Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 5637 PROSPECT		Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First BESSIE Middle GLADYS Last WOMACK			4. DATE OF DEATH Month June Day 24 Year 1964
5. SEX FEMALE	6. COLOR OR RACE CAUC.	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 3-29-1899	9. AGE (last birthday) 65 YEARS	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CASHIER	10b. KIND OF BUSINESS OR INDUSTRY FOX ISIS THEATRE	11. BIRTHPLACE (City and state or country) CARROLL COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN WAID	13b. MOTHER'S MAIDEN NAME BERTHA E. SWANK	14. NAME OF HUSBAND OR WIFE LEROY B. WOMACK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. —	17. INFORMANT LEROY B. WOMACK - 5637 PROSPECT

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hypostatic pneumonia	4 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Carcinomatosis - Abdominal	18 mo
DUE TO (c)	Carcinoma Breast	10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1957 , to 1964 and last saw her alive on 6-24-64

Death occurred at 3 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James D. Dunleavy MD	22b. ADDRESS 4620 JC Nichols Pkwy	22c. DATE SIGNED 6-25-64
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-27-64	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.	23d. LOCATION (City, town, or county) KANSAS CITY, (State) MISSOURI
24. FUNERAL DIRECTOR MUEHLEBACH	ADDRESS 6800 TROOST	25. DATE RECD. BY LOCAL REG. 6-25-64	26. REGISTRAR'S SIGNATURE Bessie Smith

MEDICAL CERTIFICATION — James Dunleavy

(Licensed Embalmer's Statement on Reverse Side)

Dr. James B. Sternberg
4620 P. O. Nichols Parkway
Ph.2. 1-8143
Office hours

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed_____R.E. Nichols_____
          Signature of Student Embalmer

Licensed Embalmer No.____Y997____

P. O. Address____K-C. MO.____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
    If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
    If this body is not embalmed, fact should be so stated above.